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RESEARCH

Educação permanente em saúde em unidade de terapia intensiva: percepção de enfermeiros

Permanent education in health in an intensive care unit: the perception of the nurses

Educacion permanente en la salud en la unidad de terapia intensiva: percepcion de enfermería

Caroline Citoula Paim¹, Silomar Ilha², Dirce Stein Backes³

ABSTRACT

Objective: To identify the perception of the acting nurses in the Intensive Care Unit about the process of Permanent Education aiming at its later application in the service. **Method:** exploratory research, in a descriptive and qualitative approach realized from June to August of 2013, with five acting nurses in an intensive care unit of a medium-sized hospital in the central region of Rio Grande do Sul. Data collection was through a questionnaire containing open questions, and data treatment was through content analysis. **Results:** two categories emerged: the nurse in an Intensive Care Unit - perceptions and assignments; Outlining strategies for the work process qualification. **Conclusion:** it was possible to identify that the Permanent Education is a slow and progressive process that must not lose the focus, which addresses care quality, because it presents a meaningful transformation result. **Descriptors:** Health education, Intensive care units, Nursing.

RESUMO

Objetivo: Identificar a percepção de enfermeiros atuantes na Unidade de Terapia Intensiva acerca do processo de Educação Permanente visando a sua posterior implementação no serviço. **Método:** pesquisa exploratória, descritiva de abordagem qualitativa, realizada de junho a agosto de 2013, com cinco enfermeiros atuantes em uma unidade de terapia intensiva de um hospital de médio porte da região central do Rio Grande do Sul. A coleta de dados ocorreu por meio de um questionário contendo questões abertas e o tratamento dos dados por meio da análise de conteúdo. **Resultados:** emergiram duas categorias: O Enfermeiro em Unidade de Terapia Intensiva: percepções e atribuições; Delineando estratégias para a qualificação do processo de trabalho. **Conclusão:** foi possível identificar que a Educação Permanente é um processo lento e progressivo que não pode perder o foco principal que visa à qualidade do cuidado, pois apresenta significativo resultado de transformação. **Descritores:** Educação em saúde, Unidade de terapia intensiva, Enfermagem.

RESUMEN

Objetivo: Identificar la percepción de las enfermeras actantes en la Unidad de Cuidados Intensivos en la Educación Continua para su posterior aplicación en el servicio. **Método:** estudio exploratorio, descriptivo, cualitativo, realizado de junio a agosto de 2013, con cinco enfermeras en una Unidad de Terapia Intensiva del un hospital de tamaño medio de la región central del Rio Grande del Sur. La recolección de datos se llevó a cabo por medio de un cuestionario con preguntas abiertas y el procesamiento se realizó a través de análisis de contenido. **Resultados:** surgieron dos categorías: Las enfermeras en unidad de cuidados intensivos: percepciones y atribuciones; Delinear estrategias para la calificación del proceso de trabajo. **Conclusión:** fue posible identificar que la educación continua es un proceso lento y gradual que no se puede perder el foco principal dirigida a la calidad de atención, pues presenta resultados significativos a partir de la transformación. **Descriptores:** Educación en salud, Unidades de cuidados intensivos, Enfermería.

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INTRODUCTION

The education of health professionals, especially of nursing professionals, deserves continuing updates to live in a world of rapid transformations, where it is necessary to reconcile the personal needs with the development and improvement of professional labor issues and the demands of society. Thus, the changes generated by globalization and technological advancement require nursing staff develop an enlarged view of world and its transformations, which (re)establish partnerships within and outside the profession, in order to enable the development of professionals committed to becoming and transforming the environment in which they live and work.

The current labor market is characterized by competitiveness, requiring acting and trained professionals, which implies a larger formation capable of include not only technical skills but also the ability to learn continually. Thus, it is the Permanent Education in Health, which has educational concept in the health sector to make organic relations between teaching, services and actions, as well as between the teaching and health care. This idea was expanded in the Brazilian Health Reform for relations between training and sector management, institutional development and social control in health.¹

The permanent education in health emerges as a requirement in the professional formation, because it requires new ways of facing the knowledge, understood as the learning at work. Thus, the learning and teaching incorporate the daily lives of organizations and to work, based on meaningful learning and the possibility of modifying the professional practices, being made from the problems faced in reality and taking into account the knowledge and experience acquired in the professionals a priori, the popular example of knowledge.¹

Training should not only generate professionals that can be absorbed by the labor sectors, but, also to facilitate interaction with the user, once the health job is an exercise in listening and care directed to the completeness of the care which aims at caring quality. Faced with this reality, it is understood that health care is not at the base only in special equipment but also in a particular attitude of the team of health, which is oriented to the use of technical facilities, in a context in which the human relationship must be regarded as a predominant factor, offering safety and emotional support, both users and family caregivers.²

In this sense, it is important that professionals feel satisfied and motivated for the proper performance of their duties, through the integral care to health and care health progressive construction, which supposes the rupture with the concept of vertical system to work with the idea of an articulated set of services, generating greater benefits to users and lower costs to the institution.¹

In the daily work of nursing, characterized by activities requiring high

interdependence, education emerges as a fundamental aspect in the search for greater efficiency and quality in nursing care, allied to the workers' satisfaction.³ The importance of Permanent Education in Health, in the area of nursing, reaches high levels due to the characteristics of the profession that involves in its process patients and their relatives, the professionals and the community, which are an intrinsic needs environment geared to service provided with established principles aimed at customer satisfaction combined with the professional who provides the service.

It is possible to realize, however, that the model of health care, education and nursing care, sometimes are still focused on biological sphere, pragmatic approach, curative and repetitive, for the human beings and their completeness, mostly in the hospital environment.⁴ Being the nurse responsible for the leadership of the team, he exerts direct influence in any process of change or improvement in his sector. In this way, the need arises to identify the conception of this professional, about the Permanent Education in Health.

Given the importance of this topic to the (des) construction of social reality, it is realized that, although it is a challenge, it is imperative for the (re) definition of the role of nursing staff on care, justifying the relevance of this research. Based on the above, it is asked: what is the perception of nurses in the Intensive Care Unit of a midsize hospital, located in the central region of Rio Grande do Sul on the Permanent Education process?

In an attempt to answer to the previous question explained, this study aimed to identify the perception of nurses in Intensive Care Unit about the Permanent Education process aimed at its subsequent implementation in service.

METHOD

This is an exploratory, descriptive study of qualitative approach performed in an Intensive Care Unit of a midsize hospital located in the central region of Rio Grande do Sul, Brazil. This type of study aims to provide an overview of a particular situation and may be regarded as the first step of a broader search, since as result, it can be organized strategic plans of action and thus the research can contribute to changing the reality investigation.⁵

The sample population was composed of five nurses of that unit with the inclusion criteria: being a professional nurse and be acting in ICU for at least six months. The exclusion criteria from the survey, therefore, were the professionals with less than six months of experience in service and having a medical certificate the period of data collection that occurred during the period from June to August 2013.

The data were collected by semi-structured questionnaire with open questions and analyzed based on content analysis technique.⁶ It is to discover the core of meaning of a communication whose presence or frequent add significant perspectives to the object of this study. The idea of the topic is associated with a claim that relates to a given subject, which may be presented by a word, phrase or idea.⁶

Thereby, the operationalization of the analysis process followed the three steps of the method. In the first step, called pre-analysis, it was sought to make an exhaustive reading of the data, followed by the organization of the material and the formulation of hypotheses. As a result, the exploration of the material, i.e. trying to encode the raw data. In the third and final phase, the data were interpreted and delimited in thematic axes according to the meanings assigned.⁶

Ethical and legal precepts involving research with human beings were considered, as the Resolution 466/2012 of the Ministry of Health.⁷ Clarified the objectives and methodology of the research, participants signed an informed consent term, in two copies, getting one with the participant and another with researchers. The document was granted them free access to the data collected. Participants were also informed that their names would not be disclosed and that they could be removed from the study at any time without restrictions.

There was anonymity of the participants and they were identified by letters "N" (Nurse), followed by a numeric digit as the interview order (N1, N2 and...N5). The research project was approved by the Ethics Committee of the Franciscano University Center, under number 308.493.

RESULTS E DISCUSSION

The analysis and interpretation of data resulted in two categories: the Nurse in an Intensive Care Unit: perceptions and attributions and Outlining strategies for the qualification of the worker process.

The Nurse in an Intensive Care Unit: perceptions and attributions

When asked the participants how they identified their role in the ICU, the answers generally referred that they have a relevant and necessary function, since the nurse is responsible for the care for the human being. Here, there are reports:

Desenvolver ações de cuidado que preservem a integralidade privacidade, bem estar e conforto do paciente. (E1)

Essential [...] all the time there are questions arising, often the same ones already arisen before, I see that is added to the administrative assistance with great dedication that results in nursing. (N5)

Well, I see myself with autonomy to do better every day, I feel that the environment requires a lot of theory so I make as an obligation in my life, study whenever I can, and I work my psychological to not be "harden", my emotional, seeing that I'm a person who chose to take care of people trying to be more "people" as I can. (N3)

Developing care actions that preserve the integrity privacy, well-being and comfort of the patient. (N1)

It emerged, even in the reports, the managerial issue carried out by the nurse, the study comes as basic professional's need, providing autonomy in their performance in the ICU. From the point of view of the professional profile listing the ideal and the real, it was asked if the professionals consider having a profile befitting what they think as ideal. The participant "N3" summarizes well the answers obtained when he says that the role of the nurse is to:

A scale for hours extremely long hours for managerial assistance, to balance, that it complicates, see I need more technique, more theory and I think as I do everyone else too, it is still, studying more, discuss more, improve, anyway, I think our role as a nurse is that, because the ideal changes every day and the real need to accompany you always. (N3)

Another question was about the concept of care that each professional has, and the answers generally summarize care as the main task of nursing, of "being" professional, as seen in the reports:

[...] exercise caution and responsibility towards something or someone, to take care of a person. It is bringing her back and enhance the be, having a sense of being important in the great scenery of rehab, the care is indeed the essence of nursing, care, rehabilitate and promote. If today I had to summarize the male nurse I'd say is CARE. (N5)

Provision of assistance and support in activities that provide well-being and restore the health of the individual you need and can't afford to do it by yourself. (N1)

The essence is the care, the good care defines the quality of a hospital, being treated well is a requirement of the customer and care involves good treating, physical and mentally. (N3)

The meaning of humanizing reflected another questioning and brings varied responses related to reversal role. Treating well and respecting appear in some answers as "pre" definition of humanization. The values linked to the concept of humanization reflect a broadened context, a set of values related to the assistance focused on the individual and how he feels on the assistance provided:

The care is to develop actions that preserve the completeness, privacy, well-being and comfort of the patient. (N1)

It's basically doing good, to provide the good, providing confidence and answer in search, in his health. (N2)

For me human "being" is respecting the other, is to understand that today there is a human being in a small bed and make him feel like this is for me the humanization. (N4)

It can be observed that the participants bring their concepts of humanization focused on the development of a care marked by values aimed at customer satisfaction.

Outlining strategies for the qualification of the worker process

When asked about the negative points of the ICU, from the responses emerged different behaviors of health professionals. The difference in the behavior of professionals based on the deficit based on different ways to conduct a same situation. The lack or deficiency in the flexibility of professionals is also a highlighted point by the participants as regards the context in which it occurs. It is possible to observe that nurses participating in the study, when referring to the negative points of unity, feel the need to standardize behaviors:

Difference in behavior among professionals of the same function (e.g. doctors and nurses) to develop actions that should be standardized. (N1)

Basically the different profiles that today manage the sector do not become negative at all, but each one "speaks a language", I think flexibility is missing, because there is no always for nursing. I guess that's the negative thing of today, want to do the "forever". (N5)

When questioned about what they mean by process of Permanent Education in health and how they believe this process happen, professionals emphasize that the process must occur through discussion groups and advocate the need for its implementation in their unit. We can see it in the reports:

With discussion groups to talk about what we have and what we want to be. (N2)

With a study group to work related topics, proposed by the same group, like training of health issues and interpersonal skills I think would work. (N3)

With a group formed by the nurses of the area, aimed at the standardization of work processes and routines. (N4)

Obviously, with a study group or search for teamwork and that work with and for the team with a common objective, to be better tomorrow. (N5)

It was wondered, how would be this process within the ICU of the hospital where they performed this research, in the opinion of each of the individuals interviewed:

[...] Union, dialogue, maybe it's time to implement what's in "fashion", a dialogue on possible improvements required. (N5)

A group of nurses who work on the quality of the area. (N3)

A tight-knit group that speak the same language and copper equal of all. When that happens the nursing staff will be strengthened. (N2)

Actions aimed at harmony and completeness in the activities performed and the same language of nursing. (N1)

It is possible to observe that the answers permeate the union, the dialogue, the work focused on the qualities found in the area, shares of completeness and standardization of behaviors in nursing. Therefore, reports:

The process of Permanent Education in health initially aims to the transformations that along with the necessity of improving the service provided result in professional qualification and health assistance.¹ The Permanent Education occurs through intentional and planned actions that have as mission to strengthen knowledge, attitudes and practices that the dynamics of organizations do not offer enough scale. In addition to the educational action, it is expected to become an essential part of strategy of progressive and systematic institutional change.¹

For the participants of the research, the spheres of education, health and quality indicators of the work process generate new knowledge, which manifests as service, causing the professional look for new skills and further improvement of his practices. Given this, the Permanent Education emerges as a strategy for the organization of the work process of nursing and provides education at work centered on training and technical updates aimed at bringing education and work, acquired both as practical.⁸

For nurses of this study, the development of educational practices contributes to a qualified, integral and precedent assistance, which seeks to promote not only the update and the transmission of new knowledge but also to guide actions toward the mobilization of subjects for a different, creative and innovative action, able to operate new knowledge in everyday life.

Thus, the Permanent Education in health should not be considered only for the purpose of producing results or with pre-established objectives, but as spaces of problematization, reflections, dialogue between health professionals in order to have strategies to promote these changes and transformations in health services.⁹

It is evidenced that the permanent education in health is suitable to develop new ideas on the scenario of transformations for the adaptation and implementation of work/care in the ICU. Learning strategies can be used to develop critical and dialogic thinking, enabling a space of collective participation and collaborating in the process of understanding the reality of work and promotion of appropriate strategies for the production of new knowledge in search of transformations.

In this context, it is considered that the permanent education in health is a participatory management strategy under the care. Therefore, it enhances educational actions based on dialogue, critical reflection, in problematization and in the integration of new knowledge to the realities experienced at work, offering elements, resources and strategies for the production of their thinking and acting.¹⁰ Thus, it is observed that permanent education is essential for multidisciplinary action as a strategy of integrality and efficaciousness of health problems.¹¹

Permanent Education policy is pervaded by educators and students, determining a new context in which the teacher is no longer the holder of the knowledge, but the facilitator of the process, encouraging the apprentice having an active, critical and reflective position during the process of construction of knowledge. The contents to be worked change and are no longer restricted to mandatory content, but with functionality

and relevance to professional practices in order to enhance the previous knowledge of apprentices, thereby generating new paths for processing and not for uncritical reproduction.¹

The reflection of the quality of care provided by nursing staff, based on interpersonal relations among team members and between the patient and the team and vice versa, is a result of the improvement of a process of permanent education in health. It works in a context of possibilities of reflection of professionals in relation to do and to think how is being done, creating opportunities for new dialogues between the various knowledge, as well as for the construction of a knowledge and a critical and collective intelligence.¹²

Thus, it is evidenced that the implementation of the PE favors the principle of otherness, because the worker is also transformed while implementing behaviors aimed at the transformation of reality in health of certain community.¹³ This process permeates the professional practice of nurses and their team, requiring the development of sensitivity for full assistance and humanized to the user in the social and health services as advocated by the National Policy of Permanent Education in health, developed by the Ministry of Health in 2009.

CONCLUSION

This study enables to identify what health professionals of a midsize hospital of central region of Rio grande do Sul State think about the Permanent Education and about the need for its implementation. When it comes to integral health assistance, the education process can be understood as an enhancement of knowledge and practices of professionals, and the quality of assistance provided appears as a possible result of transformation and stimulating team as regards commitment and theoretical knowledge/practical in that they recognize the value of a professional team and the quality of the assistance provided for it.

The present research was pervaded by a few weaknesses, as the difficulty of acceptance of the team, as well as the delay in delivery of questionnaires, which hindered the development process within the established period. However, understanding that in the Permanent Education process occurs continuously, it was necessary to maintain a flexible contact, based on dialogue and listening to the development of the study.

It is important to recognize that the Permanent Education in health is a slow and progressive process, not able to miss the main focus on quality. The ICU for being a high complexity hospital sector requires continuity of service and commitment of professionals to transform daily scenario in which they are inserted.

The participants of this study recognize that Permanent Education in health is a process of (re) construction or (re) definition of the professional profile which aims to

highlight the main quality of the service provided, based on a context of humanization and assistance aimed at care, without forgetting the essence of being a nurse, caregiver and being of instinct for leadership and management. These characteristics facilitate the identification of deficits in the service provided and to assist in the formulation of a plan of action that is directly related to the context in which the professionals are entered, taking into consideration the ethical precepts of nursing.

However, being a long and continuous process, surely the content does not end with this investigation. It is suggested to conduct new studies aimed at understanding the Permanent Education of the social actors, namely, health professionals and the community, as well as the importance of its implementation at health services.

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